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WESTERN HEALTH AREA HEALTH CARE PLANNING REPORT

ISSUES, PROGRAM PRIORITIES AND FUTURE DIRECTIONS: 1983 - 1993

City of Toronto

Department of Public Health

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The Western Health Area Management Team is pleased to present the Report "Western Health Area: Health Care Planning Report".

This Report represents the collaborative effort by Area Management, supervisors and staff in the initial phase of health care planning for the Area. It focuses on the major health issues, program priorities and future direction for the Western Health Area over the next decade.

Respectfully submitted,

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WESTERN HEALTH AREA: HEALTH CARE AND PROGRAM COMMITTEES
COMMITTEE MEMBERS: 1982 - 1983

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Mr. J. Flaherty, Environmental Health and Inspection Services Manager
Ms. D. Jakob, Public Health Nurse
Dr. B. Kawa, Area Physician
Mr. T. Wong, Senior Public Health Inspector

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Ms. J. Berkal, Public Health Nurse
Ms. C. Kirkland, Public Health Nurse - Mental Health Specialist
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Ms. P. Cook, Public Health Inspector
Ms. J. Hishon, Area Secretary
Ms. M. Marquez, Public Health Nurse
Mr. K. Simpson, Pest Control Investigator
Ms. S. St. John, Public Health Nurse

EXECUTIVE SUMMARY

This paper outlines Phase I: Program Planning of the health care planning cycle for the next decade in the Western Health Area. Work will be commencing shortly by Area staff, in conjunction with Central Resources, on Phase II - formulation of goals, objectives and measurable program indicators, and Phase III - program implementation and ongoing program evaluation.

This Executive Summary contains the Western Health Area health issue priorities for the next decade, the 1984 program priorities, and a summary of the conclusions (based on data, the community and staff surveys, and expert opinion) from which the Area health issue priorities were derived.

I THE WESTERN HEALTH AREA HEALTH ISSUE PRIORITIES

The five health issue priorities to be addressed in the Western Health Area over the next decade are outlined below.

1. Mental Illness: it is important to note that mental illness and the discharge of ex-psychiatric patients from Queen Street Mental Health Centre (QSMHC) into the community is both a City of Toronto and Metropolitan Toronto problem. This priority addresses the problem in the Western Health Area context only. This includes health problems and issues such as suicide, stress, depression, alcohol and drug abuse, mental health problems in the elderly, and support for ex-psychiatric patients and their families.

2. Adult and Child Health: family planning awareness (especially in teenagers), parenting skills and practices, optimal physical/mental development in preschoolers, dental care and child abuse are examples of issues which are addressed under this priority, as are the diseases related to aging.

3. Control of Environmental and Occupational Health Hazards (Including Communicable Disease Control): environmental contamination (by industry, traffic, etc.), inappropriate or excessive use of chemicals in the environment (by agencies or individuals), food and water quality control, inspection of rooming houses (particularly those housing the elderly, the disabled and ex-psychiatric patients), and the control of communicable diseases in general are the issues which are grouped under this priority.

4. Control of Diseases Due to an Unhealthy Lifestyle: this priority addresses chronic diseases (such as cancer and cardiovascular diseases), as well as the control of certain communicable diseases - such as the sexually

transmitted diseases, and conditions such as malnutrition.

5. Community Development and Advocacy: the development of/advocacy for support, health and dental services (particularly for immigrants, ethnic groups, the disabled, the elderly, ex-psychiatric patients, marginal/low-income adults) and advocacy for the improvement of social conditions related to health (such as social isolation, unemployment and the lack of affordable housing) are addressed under this priority, as is the lack of public awareness regarding Department of Public Health resources.

II THE 1984 PROGRAM PRIORITIES FOR THE WESTERN HEALTH AREA

A multiplicty of program strategies and priorities, both long-term and short-term, arose from an in-depth study of the five health issue priorities by the four Area Program Committees. Of these, the program priorities which were selected for the forthcoming 1984 budgetary year are listed below:

Priority I: Mental Health

1. Support for ex-psychiatric patients and their families.

   - Development of a multi-pronged approach to the needs of ex-psychiatric patients in the Area.

2. Diseases due to lifestyle and environmental stresses (e.g., alcohol/drug abuse, suicide, loneliness, stress, depression).

   - Proposal for a life skills and activity support worker.

Priority II: Adult/Child Health

1. Family planning awareness and prevention of unplanned/unwanted pregnancies.

   - Proposal for Area family planning clinic.

2. Improved parenting skills/practices.

   - Research of strategies to reach high risk prenatals and parents.

   - Child safety program.

Priority III: Control of Environmental and Occupational Health Hazards (Including Communicable Disease Control)

1. Control of environmental contamination.

   - Increased health education for, and inspection of, small scale industries.

2. Control of communicable diseases.

   - Proposal for Area coordinator for CDC&E services.

Priority IV: Control of Diseases Due to an Unhealthy Lifestyle

1. Improvement in community nutrition.

   - Proposal for community health nutritionist.

2. Improved control of sexually transmitted diseases (STD).

   - Advocacy for a STD clinic in the Western Health Area.

Priority V: Community Development/Advocacy

1. Development of/advocacy for improved Area dental health services.

   - Relocation of school clinics.

   - Increase in dentist/dental assistant services.

2. Advocacy for improvement of social conditions related to health.

   - Workshops for staff.

   - Staff development programs to highten the awareness of staff re cultural values as they relate to health.

III SUMMARY OF CONCLUSIONS

The following is a summary of the conclusions regarding Area health priorities and issues contained in Sections 4, 5 and 6 of this Report. As indicated below, these were derived from various sources: from Area demographic data, fertility/natality, infant and general mortality data, from City-wide hospital morbidity information, and from the summary of local, national and international expert opinion contained in the Northern Health Area Report.

PRIORITIES BASED ON DATA

Population Data

1. In the development of health priorities and relevant programs for the Western Health Area (W.H.A.), the following population data must be considered: the high proportion of preschool and school-aged children (the W.H.A. has the highest proportion of children under 4 years of age), the high level of ethnicity (particularly the large Portuguese population), the localized pockets of low educational level (in the southeast segment of the Area), the high degree of unemployment in the southern part of the Area), and the localized concentration of the elderly and single-parent families.

2. The W.H.A. health priorities and programs must consider conditions for which these populations are at risk; specific strategies must be formulated so as to gain acceptance by the ethnic population.

Fertility and Natality Data

3. The W.H.A. has a high fertility rate. The health care planning implications of this warrant further consideration. The increased birth rate in the maternal age groups over 30 should be considered in the planning of any prenatal or preconceptual programs.

4. The W.H.A. has a problem with births to women at the extremes of age, i.e., teen pregnancies and pregnancies in women over 40 years of age. Teen pregnancy is a problem particularly in one specific census tract in the Area; single mother families appear to be localized to two specific census tracts. In the health care planning for the Area, programs which are geared to the high risk population should be developed to address these issues.

5. By inference from City-wide data, the increased abortion rate - particularly in teens (15-19) and single females under 25 years of age is a problem in the W.H.A.

6. While prematurity, as defined by low birthweight, is not a major health problem in the W.H.A., the Area did have over half the census tracts whose population was in the top decile for prematurity using the criterion of gestational age; these were clustered in the south-central section of the Area. This information requires further study and interpretation.

7. The issue of prematurity should be addressed because of its potential for improvement with primary prevention strategies. The Area's proportion (5.5%) could probably be reduced by one-quarter, closer to the 4% level. The possible relationship between ethnicity and low birthweight should further be investigated. Strategies for improving prematurity figures could be aimed at the largest maternal population (ages 20-34), or at specific high risk groups (teen mothers, low socioeconomic groups, etc.), particularly those living in the census tracts with the highest proportion of prematures. Such programs should stress primary prevention strategies, particularly the avoidance of those risk factors associated with prematurity.

MORTALITY DATA

Infant Mortality Data

8. Infant mortality data indicate that prenatal programs in the Area should aim primarily at decreasing the risk of prematurity, low birthweights, congenital anomalies, accidents and injuries in the infant age group. It is estimated that the current infant mortality rate could be reduced by at least ten percent (10%) over the next ten years.

General Mortality Data

9. The W.H.A. has a significantly lower mean age at death for males and for both sexes combined. The major contributing factors to this need to be identified, and strategies for their prevention developed.

10. Based on the 1981 general mortality data (ages 1 to 85+) the major health problems for the W.H.A. are:

- cardiovascular disease - particularly Myocardial Infarction, Ischemic Heart Disease and Cerebrovascular Disease.

- all cancers, and particularly cancer of the trachea/lung, cancer - other genito-urinary, and cancer of the female breast.

- suicide (particularly in males).

- motor vehicle accidents (particularly in males).

- alcohol and drug-related disorders.

- cirrhosis (particularly in males).

11. For the development of programs to respond to the major health problems, specific high risk target groups can and should be identified from the age-, sex- and cause-specific crude mortality rates, the sex-related standardized mortality ratios, and the potential years of life lost (PYLL).

Hospital Morbidity Data

12. Because Area-specific morbidity data are not currently available, the health priorities were identified from City-wide data. These are listed below.

- Mental health problems: especially schizophrenia (the time spent in psychiatric units and Ontario psychiatric hospitals represents 29.2% of the days spent in 1980/81 in acute general hospitals.

- Pregnancy (including unwanted pregnancy).

- Childbirth: especially complications thereof, and including congenital anomaly.

- Heart disease.

- Stroke.

- Trauma.

- Respiratory problems: especially in children (e.g., tonsillar disease, upper respiratory tract disease, asthma/bronchitis), and in the elderly (e.g., pneumonia).

- Diseases in the elderly: including fractures, cataract, diabetes, prostatic hyperplasia, cardiovascular disease, breast and lung cancer. Those 65 years of age and over (12.5% of the population) contributed 25% of hospital separations and 42% of hospital days (1979-1980 data).

Priorities Based on the Community and Staff Surveys

13. From a consideration of both the community and staff surveys, the following health issues/priorities relevant to the W.H.A. were identified:

- Insufficient/inadequate support services for the elderly, for ex-psychiatric patients, and other special needs groups - such as immigrants and ethnic groups.

- Mental health issues (such as stress, depression, alcohol/drug abuse, loneliness, schizophrenia).

- Environmental issues: including traffic pollution, water/air quality, and chemical abuse in the environment.

- Health-related socioeconomic issues: such as the lack of affordable housing, job shortages, and malnutrition due to poverty.

- Smoking.

- Parent/child health issues: such as the lack of family planning awareness, poor parenting skills, child abuse/neglect, inadequate opportunities for the physical/mental development of preschoolers.

- Lack of awareness, by the community, of the Department of Public Health and its resources.

Priorities Based on Expert Opinion

14. The health priorities, as identified by local, national and international expert opinion (4) are listed below:

- Diseases related to an unhealthy lifestyle (for example, cardiovascular and cebrovascular disease, cancer, unwanted pregnancy, and sexually transmitted diseases). Some of the identified risk factors relevant to these diseases are smoking, excess alcohol intake, stress, lack of exercise, misuse of

nonprescription drugs, poor nutrition and sexual freedom.

- Diseases related to the aging of the population: including disability due to defects in vision, hearing and mobility, chronic degenerative diseases, isolation, nutritional deficiency, influenza and pneumonia.

- Mental health problems: including mental handicap, depression, suicide and alcoholism.

- Environmental hazards: such as motor vehicle accidents, physical hazards, noise, chemical pollution, contamination of food and water and occupational exposure.

- Iatrongenic diseases: including adverse reactions to prescribed drugs and the complications of medical and surgical care.

- Diseases of infants and children: such as low birthweight, birth defects, accidents (particularly motor vehicle accidents), and developmental problems.

Perception of Current Programs - Staff Opinion Survey

15. A staff opinion survey regarding the value of current Area programs was conducted.

- This survey identified strong and weak programs and gaps in existing programming; suggestions for the improvement of current programs were made.

- This type of survey could and should be included in ongoing program evaluation.

HEALTH PROGRAM PRIORITIES, WESTERN HEALTH AREA

From a further consideration of the five identified Area health issue priorities and the results of the staff opinion survey regarding current Area programs, the four Area Program Committees, with the assistance of other Area and Departmental staff, developed a multiplicity of program strategies, both long-term and short-term to fill the identified gaps in service needs. These submissions are on file in the Western Health Area; because of their volume, they have not been appended to this report.

Because of the need for selection, from these submissions, of program priorities for the forthcoming budgetary year (1984), a daylong "brainstorming" session was held. Participants in the session included the Area Managers, supervisory staff of the four Area Services, and the chairpersons of the four Area Program Committees. This session resulted in the identification of top priority program items for 1984. Some of these represented a shift of emphasis in existing Area programs; others comprised a major program change, requiring a formal Program Change Statement.

The Western Health Area program priorities for 1984 are summarized below.

1. Mental Health

   First Priority: Support to Ex-Psychiatric Patients and their Families

   Program Priorities

   - Education of general public regarding the responsibility of various services of the Department in the inspection of rooming houses/boarding homes and in the provision of support to ex-psychiatric patients, their families and the operators of rooming houses/boarding homes. This activity is designed to generate appropriate referrals to the Department.

   - Development of a teaching tool for operators regarding the special needs of ex-psychiatric patients.

   - Development of a more formal liaison with the operators and residents of rooming houses/boarding homes.

- Development of a multi-disciplinary Area ex-psychiatric patient team. This would consist of a community health organizer, Area street worker, mental health nurse, public health inspector and, as necessary, a public health nurse. A full-time inspector/coordinator would have to be reallocated to, or hired for, this program. It is anticipated that the team approach would eliminate current duplication of, and gaps in service, and would improve the conditions in existing lodging houses/boarding homes.

- Advocacy for an improvement in the quantity and quality of housing for ex-psychiatric patients. This could be done with the involvement of the Community Advisory Board, utilizing a community development model.

Second Priority: Alcohol/Drug Abuse

Program Priorities

- Continuation of present individual counselling activities by staff.

- Continuation of liaison with Addiction Research Foundation (A.R.F.) and the publicizing of programs offered to the community by the A.R.F.

- Development of a drug/alcohol abuse education tool which would be adaptable to school-aged children, adults and the elderly adult population.

- Development of strategies to reach ethnic groups (for this and other programs). This would involve the hiring of a Portuguese Life Skills Worker.

- Formation of an Area work group to investigate the problem of suicide, and to liaise with other Area(s) which are also developing strategies to address this issue. This work group would be a subgroup of the Area Health Promotion and Advocacy Program Committee.

2. Adult/Child Health

First Priority: Increase in Family Planning Awareness (especially among Teens)

Program Priorities

- Continuation and possible increase in family planning counselling currently provided in the schools, by both public health nurses and Departmental part-time physicians.

- Establishment of a family planning clinic in the Western Health Area. While this clinic would be geared primarily to adolescents, the service would be available to all age groups.

- Development of strategies for family planning counselling which would be acceptable to, and utilized by, the ethnic populations in the Area.

- Advocacy for hospitals to do more family planning counselling, particularly in the context of postnatal teaching.

- Increase in staff development sessions to heighten the awareness of staff regarding cultural values which may influence family planning.

Second Priority: Parenting Skills/Practices

Program Priorities

- Researching of strategies to motivate "high risk" mothers to attend prenatal and parenting classes. This would be done with the assistance of Central Resources.

- Development of a "travelling display" on safety. This display would include information regarding health hazards in the home (including child safety, general safety and the household use of chemicals), and health hazards in the community (including environmental chemical use). Additional materials and supplies would be required to develop such a display.

- Possible development of workplace health teaching, depending on the results of the Immigrant Women's

Centre program and the Department's mobile health van.

3. Control of Environmental and Occupational Health Hazards (including Communicable Disease Control)

First Priority: Environmental Contamination (by traffic and industry)

Program Priorities

While this was a top Area priority, it was noted that the primary responsibility for this still rested legally with other agencies (particularly the Ministry of the Environment).

- Increased inspection of small industrial premises (under 20 personnel). This would be a pilot project to be evaluated after one year; other current programs would need to be diluted to achieve this with the existing staff establishment.

Second Priority: Control of Communicable Diseases

Program Priorities

- Increased public education regarding the handling of meat and meat products; this would include the preparation of ethnic foods, the use of home freezers, and the prevention of salmonellosis. The education program, which would be made available in schools and to the general public, would require the diversion of staff time from other programs.

- Increased time allocated to the inspection of meat/meat product processing establishments in the W.H.A. Because 50% of the City's meat/meat product establishments are located in the W.H.A., public health inspector staff time will have to be reallocated from other activities to adequately inspect these premises.

- Establishment of a communicable disease control and epidemiology coordinator position for the Area. Because various aspects of communicable diseases are currently handled by staff of three of the Area Services, an Area C.D.C. coordinator would improve internal Area communication regarding these diseases, would improve Area liaison with Central Resources regarding communicable diseases, and would

maintain an overview of communicable disease trends in the Area. This position would be either a new one, or a reallocation from the current staff establishment.

- Development of immunization strategies to reach the preschool and adult populations in the Area.

4. Control of Diseases due to an Unhealthy Lifestyle

First Priority: Control of Chronic Diseases

Program Priorities

- Increased emphasis, during workplace inspections, on control of carcinogens in the workplace.

- Enforcement of the nonsmoking by-law (this program is a new one to the Department; previously, the by-law was enforced by the Buildings and Inspections Department).

- Implementation of Departmental programs (smoking cessation, prevention of cardiovascular disease), as relevant to the Western Health Area population.

- Strengthening of Area breast self-examination clinics by increasing community input in their planning, and by developing strategies to reach the ethnic population.

- Development of education programs, for school leavers, in breast self-examination.

Second Priority: Control of Sexually Transmitted Diseases (STD)

Program Priorities

- Advocacy for a STD clinic in the Western Health Area (currently there are no such clinics in the Area).

Third Priority: Improved Nutrition

Program Priorities

- Increase in liaison with the Boards of Education regarding input into their nutrition curricula.

- Conducting of a nutrition needs assessment and the identification of high risk groups in the community. This activity, which is mandated under the forthcoming Health Protection and Promotion Act would require approximately three months of a public health nutritionist's time. This could also possibly be done by a public health nutrition student or a Master of Health Science (nutritionist) student during the practicum period.

- Development of a strategy for reaching high risk groups, ethnic and other.

5. Community Development/Advocacy

First Priority: Development of/Advocacy for Support, Health and Dental Services

Program Priorities

Because a detailed community development model has not yet been finalized for the Area, before the above priorities can be adequately addressed, such a model must be completed. Thus, the program priorities are the following:

- Formulation of a detailed community development model appropriate to the needs of the W.H.A. This task lies within the mandate of the Area Health Promotion and Advocacy Program Committee.

- Organization of workshops, for staff, to assist in the formulation of this community development model. The services of a facilitator would have to be obtained for this.

Because the health issue priorities outlined in Section 7 of the full report were projected for the next decade, those program proposals from the four Area Program Committees which were not selected for implementation in 1984, will be reconsidered for implementation over the years 1985-1993.

FUTURE DIRECTIONS IN HEALTH CARE PLANNING: WESTERN HEALTH AREA

To date, currently available data have been reviewed, staff and community opinion surveys conducted, and health issue priorities established for the Area. These priorities will be addressed over the next decade. However, new data (particularly Area-specific and census tract-specific data) will be reviewed as these become available; the health status of the Western Health Area will be monitored on an ongoing basis, and appropriate modifications in the health issue priorities and relevant program priorities made.

Specific directions for program change in the Area have been identified. As the 1984 program change proposals undergo the review process, and begin to be implemented, the other program priorities developed by the four Area Program Committees will be reviewed at the Area level and priorized for implementation over the next decade. Once the detailed model for community development has been formulated for the Area, this will be gradually phased into the implementation of all Area programs.

Finally, this report has outlined the first of the three phases of the health care planning cycle: program planning. Area staff, in conjunction with Central Resources, will shortly be commencing work on the development of Phase II - formulation of goals, objectives, and measurable program indicators and Phase III - program implementation and ongoing program evaluation for the Western Health Area.